

**SNOHOMISH COUNTY DISTRICT COURT  
REQUEST FOR COURT RECORDS OR RECORDINGS OF PROCEEDINGS**

**REQUESTOR**

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

☐ Mail to above address

Snohomish County District Court provides copies of court records pursuant to ARLJ 9. I agree that the information provided by the Snohomish County District Court will not be released to any unauthorized person(s) or used for any commercial purposes. See ARLJ 9.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

**PURPOSE FOR REQUEST**

- ☐ Employment
- ☐ Military
- ☐ Security
- ☐ Licensing (specify type) \_\_\_\_\_
- ☐ Other (please explain) \_\_\_\_\_

**COPY FEES**

**Certified copies:** \$5.00 for the first page and \$1.00 for each additional page.  
**Copies of court public records:** .50 cents per page.  
**Copies of non-court records:** .25 cents per page.

**Recordings of Proceedings:** \$20.00 per CD

- ☐ Photo copy only
- ☐ Certified copy
- ☐ Other \_\_\_\_\_

**REQUEST FOR COURT**

Party's Name (Include Aliases)	Date of Birth	Male/Female	Date of Violation and Charge(s), if applicable	Case Number

**REQUEST FOR COPY OF RECORDINGS OF PROCEEDINGS**

☐ I am requesting a copy of the following recording:

Case Number(s): \_\_\_\_\_

Date(s) of Recording: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm (if known)

Note: Compact Disk (CD) FTR Gold format (can only be played on a Personal Computer with at least a Windows 98 operating system) - \$20.00 per CD